Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

022972-00008

									1				
. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			24					RATE FEE		1	RATE	FEE	
FC	PR		NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGE	BLE CLAIMS	2 4minus 20=		· 4		X	S 9=		OR	X\$18=	7200	U
INE	EPENDENT C	_AIMS	6 m	inus 3 =	* _=	3		40=		OR	X80=	2400	60
MULTIPLE DEPENDENT CLAIM PRESE				SENT						1		2400	
* If the difference in column 1 is less than zero, enter "0" in column 2								35=		OR	+270=		
CLAIMS AS AMENDED - PART II							ТО	TAL		OR	TOTAL	10220	00
	C	(Column 1)	MENDEL	IENDED - PART II (Column 2) (Column 3)				SMALL ENTITY			OTHER THAN SMALL ENTITY		
		CLAIMS		HIGH		(Coldinii 3)				OR •			1
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X4	l0=		OR	X80=		1
<u> </u>	FIRST PRESE	PENDEN	CLAIM		+13	35=	1	OR	+270=				
								OTAL		 '	TOTAL		ł
										OR	ADDIT. FEE	L	ł
		(Column 1)		(Colu		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΛTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								35=		OR	+270=		
•								OTAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=		ĺ
ME	Independent	*	Minus	***		=	X4	0=			X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		I
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		I
		mber Previously Pa ber Previously Pai							propriate box				